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INSTRUCTIONS This for appropriate. All parther co includes the corrected maintenance fee notification	orm should be used for transcrespondence including the I below or directed otherwise ons.	emitting the ISSU Patent, advance ordin Block 1, by (a)	E FEE and I lers and notification in the specifying a	PUBLICATION FEE (if required in a contraction of maintenance fees when the correspondence address)	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
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APPLICATION NO.	FILING DATE	I	IRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/559,707 TITLE OF INVENTION: R	04/27/2000 RETINAL CELL LINES WIT	H EXTENDED LI	FE-SPAN A	ND THEIR APPLICATIONS		
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Ivor R. Elrifi, Esq Christina K. Stock,			
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